EXPENDITURE REPORTCommunity Aids Reporting System
Income Maintenance Programs –County Child Care

State of Wisconsin Department of Workforce Development Administrative Services Division

INSTRUCTIONS:	Agency Number		Agency Name		STATE USE ONLY
Report expenses in whole dollars.					Date Entered in CARS
2. See Contract for current Agency	Agency Type 108 Report Period (mm/yy)		Agency Contact Phone Number		
Number and Agency Type.					Operator Initials
					- '
FINAL REPORT	ORT /				
	·	PROFILE	CURRENT NET	CONTRACT-TO-DATE	
PROFILE NAME		NUMBER	EXPENDITURES	NET EXPENDITURES	COMMENTS
CC – Safe Child Initiative		845			
Child Care Admin		850			
Child Care Program Operation	1	851			
Child Care Benefit-W2		854			
Child Care Benefit-FSET		855			
TOTAL EXPENDITURES					
I certify that the expense and revenue identified here claiming federal and state reimbursement pursuant to section 46.495 are true and correct in the					
amounts stated, have not been reimbursed previously, and represent actual and necessary costs of administering provisions					of the contract.
SIGNATURE - Treasurer or Financial Manager					Date Signed
SIGNATURE - Administrator					Date Signed
Send Original to: DWD/CARS Unit, P.O. Box 7946, Madison, WI 53707-7946 Retain One Copy for Agency Records					